



ÍMEXYÓSEM

MENTAL HEALTH

REFERRAL FORM



<p>The ÍMEXYÓSEM Mental Health program provides guidance, education, advocacy, resources, and referrals to all available mental health and substance use services, such as counselling and therapy, psychiatry (diagnosis and medication), crisis intervention, alcohol and substance use support, group therapy, peer support, elder support, and bed-based treatment programs.</p>		<p>Address: 7 - 7201 Vedder Road, Chilliwack, BC V2R 4G5</p> <p>Phone/Fax: (604) 824-5136</p> <p>Email: mentalhealth@stolonation.bc.ca</p> <p><i>Please submit this form via email or fax</i></p>	
Referring Person:		Referral Date:	
Email:		Phone:	
CLIENT INFORMATION			
Legal Name and Preferred Name (if different):			
Email:		Date of Birth:	
Phone:		Is client aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Address:		Gender:	
Is this address on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Community/Band (if applicable):	
Personal Health Number:		Status Number:	
REFERRAL INFORMATION			
Presenting Concerns: What challenges is the client experiencing?			
Relevant History: What relevant history should we be aware of (e.g., diagnoses, medications, hospitalizations, safety concerns)?			
Service History: What relevant services is the client currently receiving or has previously received?			
Service Request: What services would best meet the client's needs?			